

EXHIBITOR UTILITY CHARGES AND AVAILABILITY

Mail or Fax to: Sheraton Imperial Hotel & Convention Center
 Attention: Catering Department
 PO Box 13099
 RTP, NC 27709

Exhibitor Information

Fax to: (919) 941-2958

Date: _____

Date of Set-up _____

Time of Set-up _____

Booth Number: _____

Name of Exhibitor: _____

Exhibitor's Address: _____

City _____ State _____ Zip _____

Name of Convention: _____

Exhibitor's Phone # _____

Dear Exhibitor: Please indicate below the services you will require for the upcoming convention. *The Convention Services Department may not be able to fulfill your request if this form is not completed and returned at least one week prior to your function. A late charge of \$25.00 will be applied for requests not received one week prior to your function.*

Note: The Sheraton Imperial Hotel and Convention Center assumes no liability for any failure of electrical current, supply or output and makes no warranties that the electrical sources located at the convention center are suitable for any particular purpose.

Electrical Availability (Please list quantity of outlets needed)

_____ 110 Volt (20 amp)	\$25.00 + 7.0% tax per day per outlet
_____ 208 Volt (single phase)	\$50.00 + 7.0% tax per day per outlet
_____ 208 Volt (3 phase)	\$75.00 + 7.0% tax per day per outlet
_____ 8 circuit spider box	\$150.00 + 7.0% tax per day per outlet
_____ Electrician charge	\$20.00 per hour

For additional electrical requirements, please contact the Convention Services Department.

Phone Lines

Orders for telephones must be placed (1) week prior to convention.

_____ Direct Dial-Out Line...\$175.00 + 7.0% tax per line.	_____
_____ House Phones...\$25.00 + 7.0% tax per hotel extension, plus phone charges.	_____
_____ Wireless High Speed Internet access...\$50.00 + 7.0% tax per day per line.	_____

Individual Payment

To Guarantee order please provide company credit card or attach company check made payable to the Sheraton Imperial & Convention Center. Please reference booth number and convention name on check. Payment in full at time of function

 (Type of Credit Card)

 (Credit Card Number)

 (Expiration Date)

 (Authorized Signature)